### ORM D

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

RECO S.E.C. WAR 5 - 2003 1086

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPE	ROVAL
OMB Number:	
	3235-0076
Estimated more	gust 31, 1998
Estimated average	ge burden
hours per respon	ise 16.00

SEC USE	ONLY
Prefix	Serial
DATE RE	CEIVED

• •	this is an amendment and name has changed, and in le Note Due March 4, 2006	dicate change.) 1094953
Filing Under (Check box(es) that	apply):   Rule 504  Rule 505  Rule 506	☐ Section 4(6) ☐ ULOE
Type of Filing: A New Filing	☐ Amendment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requeste		
Name of Issuer ( check if th	is is an amendment and name has changed, and indic	ate change.)
FastShip. Inc.	·	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
123 Chestnut Street	Philadelphia, PA 19106	(215) 574-1770
Address of Principal Business Op (if different from Executive Office	perations (Number and Street, City, State, Zip Code) (ces)	Telephone Number (Including Area Code)
Brief Description of Business  Commercial cargo vesse	design and operation.	03016251
Type of Business Organization  Corporation	☐ limited partnership, already formed	other (please specify): PROCESSE
☐ business trust	☐ limited partnership, to be formed	PRINCIPLE IN THE PRINCI
Actual or Estimated Date of Inc Jurisdiction of Incorporation or	corporation or Organization:  Month Year  9 7  Organization: (Enter two-letter U.S. Postal Service a CN for Canada; FN for other foreign	Description for State: DEFINANCIAL
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making	ng an offering of securities in reliance on an exemption t	under Regulation D or Section 4(6), 17 CFR 230.501

et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMI 3 control number. SEC 1972 (2-97) 1 of 8

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A RASIC IDENTITI	FICATION DATA		h .
2. Enter the information requested for the following:	TON BAIA		
Each promoter of the issuer, if the issuer has been organized	within the past five year	s:	
Each beneficial owner having the power to vote or dispose, or	•	•	or more of a class of equip.
securities of the issuer;			•
Each executive officer and director of corporate issuers and of	corporate general and ma	maging partner	s of partnership issuers; and
Each general and managing partner of partnership issuers.			
Check Box(es) that Apply:    Promoter    Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Pederson, Einar			
Business or Residence Address (Number and Street, City, State, Z	ip Code)		
123 Chestnut Street, Suite 204, Philadelphia, PA 1910	06		
Check Box(es) that Apply:   Promoter   Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			······································
Bullard II, Roland K.		•	•
Business or Residence Address (Number and Street, City, State, Z	(ip Code)		
123 Chestnut Street, Suite 204, Philadelphia, PA 19	106	• •	
Check Box(es) that Apply:   Promoter   Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Chambers, Kathryn Riepe		_	
Business or Residence Address (Number and Street, City, State, 2	Zip Code)		
123 Chestnut Street, Suite 204, Philadelphia, PA	19106		
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Giles, David L.			· · · · · · · · · · · · · · · · · · ·
Business or Residence Address (Number and Street, City, State, 123 Chestnut Street, Suite 204, Philadelphia, PA 1910	•		
Check Box(es) that Apply:	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Colgan, Dennis			
Business or Residence Address (Number and Street, City, State,	Zip Code)		<del></del> -
123 Chestnut Street, Suite 204, Philadelphia, PA 19	106		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	*		
Riverfront Development Corporation		·	
Business or Residence Address (Number and Street, City, State, 701 North Broadway, Glouchester City, NJ 08030	Zip Code)		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)
Palton Boggs LLP, 2550 M Street, NW, Washington, DC 20037

Dunn, David E.

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							_	RING		<u> </u>		Yes No
I. Has th	he issuer so	old, or doe	s the issue							••••••	• • • • • • •	162 1/0 173
			•				_	under UL	•			
2. What	is the mini	imum inve	stment tha	t will be a	eccepted fr	om any in	dividual? .	•••••	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	••••••	\$10,000
3. Does	the offerin	g permit i	oint owner	ship of a	single unit	?				4		Yes No
			ested for ea					•	•			<u> </u>
sion o to be list th	r similar re listed is an e name of	muneratio associated the broker	n for solicing person or or dealer. the info	ation of p agent of a If more t	urchasers i a broker of han five (5	n connecti r dealer reg ) persons t	on with sak gistered wit so be listed	≈ of securi h the SEC	ties in the c and/or w	offering. If ith a state (	a person	1
Full Name	(Last nam	e first, if	ndividual)					· · · ·				
N/A												
Business or	Residence	Address	(Number a	nd Street,	City, Stat	e, Zip Cox	ie)			<del></del>		
Name of A	ssociated 1	Broker or	Dealer				·			<del></del>		
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						<del></del>		<del></del>		· · · · · · · · · · · · · · · · · · ·		
States in V						icit Purcha	isers					
(Check '	'All States	" or checi	c individua	l States).	• • • • • • • • •	.,	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	• • • • • • • • • •	٠٠٠٠٠ ا	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[ HI ]	[ ID ]
[IL]	[IN]	[ IA ].	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[ UN ] [ XX ]	[MM] [TU]	[YY] [YT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[ WI ]	[OR] [WY]	[PA] [PR]
Full Name			individual)		. ^							
N/A											<del></del>	
Business o	or Residend	e Address	(Number	and Street	, City, Sta	te, Zip Co	ode) .					
							· · · · · · · · · · · · · · · · · · ·	•				
Name of	Associated	Broker or	Dealer					•				
States in	Which Per	son Listed	Has Solici	ited or Int	ends to So	licit Purch	asers					
(Check	"All State	s" or che	ek individu	al States)				<b></b> .				☐ All State
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ D ]
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[ RI ]	[SC]	{SD}	[MT]	[TX]	( טד)	[VT]	[VA]	[WA]	[WV]	[WI]		(1)
	ie (Last na	me lirst, i	f individua	1)								
N/A							<u> </u>					
Business	or Residen	ice Addres	s (Number	and Stree	et, City, St	ate, Zip C	ode)		-			
Name of	Associated	d Broker o	or Dealer	, <u></u>		<del></del>						
	17/1:: 5					-10-11	1					
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(Check			ck individ	-		٠٠٠٠٠٠٠		ייייייייייייייייייייייייייייייייייייייי	fer 1	IGA1	[HI]	[ID]
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[MT] [RI]	[NE]	[NV]	[HN]	[ [ [K] ] [ XT]	[MM] [TU]	[YY] [YY]	[NC] [VA]	[ND] [WA]	[OH]		[OR]	[PA] [PR]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Aiready Type of Security Offering Price Sold ☐ Common ☐ Preferred . \$ 100,000 Partnership Interests ...... \$\_\_\_ Other (Specify \_\_\_\_\_\_\_ 5\_\_\_\_\_\_ 5 \$100,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases ,100,000 Accredited Investors Non-accredited Investors..... Total (for filings under Rule 504 only) ..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Sold Security Type of offering Rule 505 Regulation A.... Rule 504 Total ..... 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure

a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees.

Printing and Engraving Costs

Legal Fees

Saccounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify)

Total.

COPPERATOR FRICE, NUMB	EK OF INVESTORS, EXPENSES AND	USE OF PROC	EEDS '
b. • Enter the difference between the aggregate o tion 1 and total expenses furnished in response "adjusted gross proceeds to the issuer."	to Part C - Question 4.a. This difference	is the	\$ 99,000
i. Indicate below the amount of the adjusted gross used for each of the purposes shown. If the amestimate and check the box to the left of the esting the adjusted gross proceeds to the issuer set for	ount for any purpose is not known, furnitate. The total of the payments listed must	ish an equal	
the sajusted gross proceeds to the sauer set for	th in response to Part C - Question 4.5 a	bove. Payments	to .
		Officers	•
•		Directors, Affiliate	S Others
Salaries and fees	•••••	ঠা \$	
Purchase of real estate			•
Purchase, rental or leasing and installation	· · · · · · · · · · · · · · · · · · ·		
Construction or leasing of plant buildings a	and facilities	□ s	D S
Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	the assets or securities of another	. 🗆 \$	
Repayment of indebtedness		. 🖾 S	D S
Working capital		. 🗆 S	
Other (specify):		_ 🗆 \$	C S
		_	
		. 🗆 s	D \$
Column Totals		. 🖸 S0	\$ 99,000
Total Payments Listed (column totals adde	ed)	. 🛭	\$_99,000
·			· · · · · · · · · · · · · · · · · · ·
	D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed following signature constitutes an undertaking by to quest of its staff, the information furnished by the	the issuer to furnish to the U.S. Securities	and Exchange Co	ommission, upon written re
Issuer (Print or Type)	Signature	<del></del>	Date
FastShip, Inc.	Kathen Prese Chil	a	3/4/03
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Kathryn Riepe Chambers	Executive Vice President		
<del></del>	<del></del>		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

_	AND THE STATE STATE SIGNATURE		
	1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?		No Ø
	See Appendix, Column 5, for state response.		
	2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed. Form D (17 CFR 239.500) at such times as required by state law.	a noti	iœ 01
	3. The undersigned issues hereby undertakes to furnish to the state administrators, upon written request, information furnish		L., . %

- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
FastShip, Inc.	Ethy Reve Clar	3/4/03
Name (Print or Type)	Title (Print or Type)	
Kathryn Riepe Chambers	Executive Vice President	•

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDE

1	Type of security Intend to sell and aggregate to non-accredited investors in State (Part B-Item 1) (Part C-Item 1)			Type of security Intend to sell and aggregate to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate (If yes, a explanar waiver grant (Part C-Item 2)  Disqualify under State (If yes, a explanar waiver grant (Part C-Item 2)						fication te ULOE attach
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK						·				
AZ										
AR										
CA					."					
со										
СТ										
DE										
DC							·			
FL										
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KS										
KY			<b>*</b>	·						
LA										
ME										
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МА										
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A PART OF THE PROPERTY OF THE PERSON OF THE Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach Type of investor and to non-accredited offering price explanation of offered in state investors in State amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item I) (Part C-Item 2) (Part E-Item1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No MT NE NV NH NJ NM NY NC ND ОН OK OR Convertible Note PΑ X \$100,000 \$100,000 RI SC SD TN TX UT VT VΑ WA wv WI WY

PR